

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Rural Hardin town
(If outside city or town limits, write "RURAL" and name of town, ship)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Henry Cartmill

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Mayme L. Cartmill 6. (c) Age of husband or wife if alive, years 24 1883
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 4 10 hr. min.

9. Birthplace Clinton Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Thomas J. Cartmill
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Anna
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mayme Cartmill
(b) Address Strimble Mo.
17. (a) Burial (b) Date thereof 5-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Plattsburg Mo.

18. (a) Signature of funeral director O'Brien & Lyon
(b) Address Plattsburg Mo.
19. (a) May 6 '43 (b) ms A C Harrell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1943 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from Feb 1943 to May 4 1943
that I last saw him alive on May 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death bronchopneumonia
Due to Endocarditis Feb 43

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature W. Steckman (M. D. or other)
Address Plattsburg Date signed 5-6-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Danell D. Lyon

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.